

N. B.—Every item of information should be carefully supplied. No. 10 should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Kansas
 City Kansas City (No. 3319 Highland)

Registration District No. 3319
 Primary Registration District No. 1000

File No. 24817
 Registered No. 36
 St. Ward

2. FULL NAME

(a) Residence, No. 3319 Highland St., Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 27, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>10</u>
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Coal-business</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
13. NAME <u>Edward Coleman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Louise Ann Paul</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Mary Coleman</u> (ADDRESS) <u>3319 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Mary's Cemetery</u> DATE <u>July 27, 1934</u>		
19. UNDERTAKER <u>John J. Chapman</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>7-125</u> 19 <u>34</u> m. m. <u>Registrar</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 24, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 6, 1930</u> to <u>July 24, 1934</u>
I last saw him alive on <u>July 23, 1934</u> . Death is said to have occurred on the date stated above, at <u>6:20 pm</u> .
The principal cause of death and related causes of importance were as follows: <u>Valvular Heart Disease</u> <u>92B</u> <u>93C</u> <u>107</u> <u>92a</u> <u>1928</u>
Other contributory causes of importance: <u>Chronic Myocarditis</u> <u>Hypertension</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Walter B. Hooks</u> , M. D. (Address) <u>510 Chestnut St.</u>

Dr. Waller G. Hook, Prof. Bldg
Office Phone Ha 0550